INTRODUCTION

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1. History of the Patient Discharge Data Program

Hospital uniform accounting and reporting began with the passage of the California Hospital Disclosure Act by the California Legislature, Senate Bill 283. It was signed into law by then Governor Ronald Reagan on October 26, 1971. The act created the California Hospital Commission (Commission) and gave it the mandated broad authority to set standards for hospital uniform accounting and reporting to enable the public, third-party payers, and other interested parties to study and analyze the financial aspects of hospitals in California. Through regulations adopted by the Commission on March 17, 1973, pursuant to the Hospital Disclosure Act, hospital data collection began for all fiscal years starting on or after July 1, 1974.

In 1974, legislation was enacted that expanded the Commission's jurisdiction and mandated the development of a uniform accounting and reporting system for long-term care facilities. The Commission was renamed the California Health Facilities Commission to reflect its broadened responsibilities. Pursuant to this legislation and implementing regulations, long-term care data collection began for fiscal years starting on or after January 1, 1977.

In 1980, the Commission's legislative mandate was again expanded. Senate Bill 1370 (Chapter 594, Statutes of 1980) added the following responsibilities: (1) collection of quarterly financial and utilization data to assess the success of the hospital industry's voluntary effort to contain costs, (2) integration of the Commission's long-term care disclosure report with the Medi-Cal cost report to reduce the reporting burden on health facilities, and (3) collection of twelve discharge data elements on hospital patients to provide greater understanding of the characteristics of care rendered by hospitals.

In June of 1982, the Commission's responsibilities for the collection of discharge data were expanded through passage of Assembly Bill 3480 (Chapter 329, Statutes of 1982). The number of discharge data elements to be collected by the hospitals, beginning January 1, 1983, were increased to fifteen, with the addition of total charges, other diagnoses, other procedures and dates, and date of principal procedure. Also beginning January 1, 1983, hospitals were given the option to report Abstract Record Number. Chapter 329 also scheduled all provisions of the Health Facilities Disclosure Act to sunset on January 1, 1986, unless extended by subsequent legislation.

During the 1983-84 legislative session, Senate Bill 181 was passed by the California Legislature and signed into law (Chapter 1326, Statutes of 1984) by then Governor George Deukmejian. This law, known as the Health Data and Advisory Council Consolidation Act, recognized that the California Health Facilities Commission would sunset on January 1, 1986, and transferred its functions to the Office of Statewide Health Planning and Development (OSHPD) on that date. Additionally, this bill eliminated the State Advisory Health Council

effective January 1, 1986, and formed a new advisory body called the California Health Policy and Data Advisory Commission (CHPDAC).

The mission of OSHPD is to plan for and support a healthcare system which meets the current and future healthcare needs of the people of California. To achieve this mission, OSHPD:

- Identifies the healthcare needs of Californians and plans how those needs can be met.
- Works with other entities to ensure that identified needs for healthcare professionals and facilities can be met.
- Tests and evaluates alternative concepts for healthcare professionals and settings.
- Ensures that health facilities are safe for patients and available to provide care to the community in the event of a major disaster.
- Provides information about facilities' finances, services, and patients to healthcare observers and decision makers.

With respect to this latter activity, OSHPD maintains several health facility information programs relating to hospitals, long-term care facilities, licensed clinics, and home health agencies.

OSHPD makes this information available to the public in order to promote informed decision-making in today's healthcare marketplace, to assess the effectiveness of California's healthcare systems, and to support statewide health policy development and evaluation.

The Patient Discharge Data Section (PDDS) of OSHPD is responsible for collecting data on all inpatients discharged from all licensed hospitals in California, correcting errors it finds in the data, and making the data available to the public through standard publications and electronic data files.

Assembly Bill 2011 (Chapter 1021, Statutes of 1985) brought additional refinement to the reporting and collection of hospital discharge data. It required hospitals to submit discharge data semiannually, not later than six months after the end of each semiannual period commencing six months after January 1, 1986.

In September of 1988, Senate Bill 2398 (Chapter 1140, Statutes of 1988), added two data elements: External Cause of Injury and Patient Social Security Number, bringing the number of mandatory data elements to seventeen. Through regulation, these additions were made effective with discharges on July 1, 1990, and thereafter.

Assembly Bill 3639 (Chapter 1063, Statutes of 1994) added the data element Prehospital Care and Resuscitation, if any, including "Do Not Resuscitate" (DNR) orders at admission or after admission. Other data elements added at that time were indicators for whether or not conditions were present at admission for both the principal diagnosis and other diagnoses.

Regulations required reporting of whether or not the conditions were present at admission for the principal and other diagnoses effective with discharges on or after January 1, 1996, and require reporting of Prehospital Care and Resuscitation with discharges on or after January 1, 1999.

The 1999 discharge data set includes the following eighteen data elements (in alphabetical order):

Admission Date
Date of Birth
Discharge Date
Disposition of Patient
Expected Source of Payment
External Cause of Injury and Other E-Codes
Other Diagnoses and Whether the Conditions were Present at Admission
Other Procedures and Dates
Patient Social Security Number
Prehospital Care and Resuscitation (DNR – Do Not Resuscitate)
Principal Diagnosis and Whether the Condition was Present at Admission
Principal Procedure and Date
Race
Sex
Source of Admission
Total Charges
Type of Admission
ZIP Code

Additional Reporting Requirements

The hospital has the option to include the Abstract Record Number for use by OSHPD and the reporting hospital to identify specific records for correction. If submitted, the abstract record number is deleted prior to release of public data.

The Hospital Identification Number (HIN) is a required part of the discharge data record. Using the reported data elements, OSHPD computes and adds to the discharge data record the appropriate Diagnosis Related Group (DRG) and Major Diagnostic Category (MDC), using the current version of the Grouper approved by the Federal Healthcare Financing Administration (HCFA).

Type of Care is also a required part of the discharge record. Type of Care may be one of the following: Acute Care, Chemical Dependency Recovery Care, Psychiatric Care, Physical Rehabilitation Care, or Skilled Nursing/Intermediate Care.

Senate Bill 1973 (Chapter 73, Statutes of 1998), as it pertains to the Patient Discharge Data Program, in part:

- requires that OSHPD, based upon review and recommendations of CHPDAC and its appropriate committees, allows and provides for additions or deletions to certain patient level data required to be reported.
- requires that after January 1, 2002, a hospital file an Emergency Care Data Record for each patient encounter in a hospital emergency department, and a hospital and freestanding ambulatory surgery clinic file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed.
- establishes the time and manner in which the records are required to be filed with OSHPD and revises the time and manner in which health facilities are required to file Hospital Discharge Abstract Data Records with OSHPD.

2. Overview of Reporting Requirements

Pursuant to Subdivision (g) of Section 128735, California Health and Safety Code, hospitals are required to report eighteen data elements for each inpatient discharged from the hospital. Hospitals are defined in Subsection (c) of Section 128700, California Health and Safety Code. Because this reporting requirement is based on the hospital's license, the reporting requirement covers every patient discharged from a bed appearing on the hospital's license. Federal hospitals (operated by the Veterans Administration, the Department of Defense, or the Public Health Service) are not required to report because they are not subject to state licensure.

Discharge data may be submitted on OSHPD's Manual Abstract Reporting Form (OSHPD 1370) or on computer media. The required data must be filed semiannually, no later than six months after the close of the calendar semiannual reporting period.

Pursuant to Subsection (a) of Section 128700, California Health and Safety Code, there is a civil penalty of one hundred dollars ($100) a day for each day the filing of the discharge data is delayed. For purposes of initial submission of data or for correction of data, a hospital may request an extension of the reporting due date. A maximum of 60 extension days per reporting period may be granted.

Hospitals have the option of either submitting discharge data directly to OSHPD or designating an outside agent (abstractor or data processing firm) to do so on their behalf. If a hospital designates an agent to provide the data, it remains the responsibility of the hospital to make sure that its discharge data are filed by the due date and all reporting requirements are met.

3. How OSHPD Processes and Edits Discharge Data

The Manual Abstract Reporting Forms (OSHPD 1370) and computer media are submitted directly by hospitals or through designated agents. The PDDS activity desk analyst receives these data, verifies the transmittal information and either accepts or rejects the data. A delinquency notice is sent to the hospital if the data are not postmarked by the due date. A penalty notice is sent to the hospital once the data are received but not postmarked by the due date. Computer media are sent to OSHPD's Information Systems Section (ISS) to be added to OSHPD's database. The Manual Abstract Reporting Forms (OSHPD 1370) are key entered prior to being added to OSHPD's database. Edits are then applied to the discharge data. Actual computer processing is done at the California Health and Human Services Agency Data Center (formerly the State's Health and Human Services Data Center).

During the process of adding the data to the database, any record with discharge dates that are either invalid or fall outside the specified reporting period dates are not added. As a final step during the add process, the HCFA Grouper version appropriate to the proceeding October 1 is applied to each discharge data record.

Upon completion of the add process, the following reports are generated: Add Process Report (shows the number of records added to OSHPD's database and the number of records with discharge dates outside the current report period), Records with Invalid Discharge Dates, MDC/DRG Grouper Statistics, Questionable DRG Records (DRGs 468, 469, 476, and 477), and E-code Report.

Edit programs are then applied to each record, editing for errors and for consistency among data elements within each discharge data record. The edit programs apply field and relational editing criteria, which are described in the Editing Criteria Handbook. After the edits are applied, additional reports are generated: Data Distribution, Edit Summary and Detail, Listing of Blank and Invalid SSNs, Readmissions Summary and Detail Report, and Coding Edit Summary and Detail.

The review analyst reviews the above named reports, and through trend analysis, compares the hospital's discharge data to historical data and licensing information. If manual correction of the data errors is not feasible, the analyst may require the hospital to replace the data. After replacement data are received, the entire process is repeated.

The analyst may mail or fax to the hospital its reports of individual discharge data records for review and correction. If the request for corrections is by mail, the analyst will establish the date the corrections must be returned. The analyst will not change the data submitted by a hospital without the hospital's concurrence, except in the case of applying default values as specified in Section 97242, California Code of Regulations. Corrections received from the hospital are applied to OSHPD's database and new Data Distribution, Edit Summary, and Edit Detail Reports are generated. The analyst reviews the updated reports.

When corrections are completed, an Individual Hospital Discharge Data Summary (IHDDS) is produced, and the hospital's data are made available to the public in various forms. Hospitals may request one complimentary copy of their IHDDS from PDDS.

4. Availability of Discharge Data

Discharge data are available for purchase through OSHPD's Healthcare Information Resource Center at (916) 322-2814. The data are available in a variety of media and formats, including computer tape (reel or cartridge) and CD-ROM.

In order to protect patient confidentiality, data elements that may enable identification of an individual are masked before release to the public. Custom reports are available upon requests.

The OSHPD website at www.oshpd.state.ca.us has a variety of data files available for download at no charge.